- Up									
	in this information to identify your control of the James A Ha		<u></u>						
Dei	otor 1 James A Ha	WKINS			-				
	btor 2 Michele L H	awkins							
Uni	ited States Bankruptcy Court for the	: MIDDLE DISTRICT O	F PENNSYLVANIA						
1	se number <u>14-5609</u>					theck if this is: An amende A suppleme 13 income a	nt showi	ng postpetition	
0	fficial Form 106l			•		MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. It 1: Describe Employment	are married and not filir or spouse is not filing wi	ng jointly, and your s th vou, do not includ	spouse de infor	is living v mation at	vith you, incli oout your spo	ıde infor use. If m	mation about lore space is	; your needed,
1.	Fill in your employment information.		Debtor:1	ijenācijas Pričas rist		Debtor 2	or non-	filing spouse	
	If you have more than one job,	Employment status	■ Employed			Emplo	yed		
information about add	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not er	☐ Not employed		
	employers.	Occupation				Record	<u>s Tech</u>		
	Include part-time, seasonal, or self-employed work.	Employer's name			<u> </u>	Harford	County	y Governme	nt
	Occupation may include student or homemaker, if it applies.	Employer's address				220 S M Bel Air,			
		How long employed th	nere?			6	years		
Pa	t 2: Give Details About Mor	nthly Income				····			
Esti spou	mate monthly income as of the duse unless you are separated.	ate you file this form. If y	ou have nothing to re	port for	any line, v	write \$0 in the	space. Ir	nclude your no	n-filing
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	mbine the informatior	n for all e	employers	for that perso	n on the	lines below. If	you need
					För	Debtor 1	35-11-25-7-25-5	ebtor 2 or ling spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	3,125.20	-
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$_	293.04	-
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$_	3,418.24	
	•								

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	James A Hawkins Michele L Hawkins	_	Case number (if known)	14-5609
	Сор	by line 4 here	4.	For Debtor 1 \$ 0.00	For Debtor 2 or non-filing spouse \$ 3,418.24
5.	List	all payroll deductions:			
о.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g.	\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ 765.68 \$ 0.00 \$ 0.00 \$ 0.00 \$ 205.83 \$ 0.00 \$ 0.00
6.		i the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$ 0.00	\$ 971.51
 7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$ 2,446.73
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		\$ 0.00	<u> </u>
	8b.	Interest and dividends	8b.	\$ 0.00	\$ 0.00
	8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental)	8c. 8d. 8e.	\$ 0.00 \$ 0.00 \$ 0.00	\$ 0.00 \$ 0.00 \$ 0.00
		Nutrition Assistance Program) or housing subsidies.	O.f		Φ 0.00
	8g.	Specify: Pension or retirement income	8f. 8g.	\$ <u>0.00</u> \$ 0.00	\$
	8h.	Other monthly income. Specify: Disability	8h.+	` <u> </u>	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 1,123.00	\$0.00
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	1,123.00 + \$	2,446.73 = \$ 3,569.73
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			
11.	Inclu	te all other regular contributions to the expenses that you list in Schedule use contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depend		
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies			
	_		•		monthly income
13.	Doy ■ □	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	f		·
	u	100 Explain			

Official Form 106I Schedule I: Your Income page 2

Fill	l in this informa	ation to identify ye	our case:					
Del	btor 1	James A Ha	wkins			Check	c if this is:	
1	btor 2 couse, if filing)	Michele L Ha	awkins			🗇 🗗	An amended filing A supplement show 13 expenses as of	ing postpetition chapter the following date:
Uni	ited States Bankı	ruptcy Court for the	: MIDDL	E DISTRICT OF PENNSYL	_VANIA	1	MM / DD / YYYY	
1	se number 14 known)	4-5609	,					
O	fficial Fo	rm 106J						
S	chedule	J: Your	 Exper	ises				12/1
Be inf	as complete ormation. If m	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this	e filing together, b form. On the top o	oth are equa f any additio	lly responsible fo nal pages, write y	r supplying correct our name and case
		ribe Your House					_	
. 1.	-							
	□ No. Go to			4.1				
			ın a separ	ate household?				
	■ N □ Y		st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Debto	or 2.	
2.	Do you have	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto	er 2	Dependent's age	Does dependent live with you?
	Do not state dependents				Son		24	□ No ■ Yes
								□ No □ Yes
						-~-	ш.	□ res
		•						☐ Yes
								□ No
3.	expenses o	penses include f people other t d your depende	han 🖂	No Yes				☐ Yes
Pái	f 2: Fefim	ate Your Ongoi	na Monthi	v Fynenses				
Est	timate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp	ou are using this f lemental Schedule	orm as a supe J, check the	oplement in a Cha e box at the top o	pter 13 case to report f the form and fill in the
the		h assistance an		government assistance it sluded it on Schedule I: Y			Your exp	anses
4.	The rental o	or home owners	hip expen	ses for your residence. It	nclude first mortgag	je 4. \$		834.00
		led in line 4:	- 5				1.7	
		estate taxes rty, homeowner's	or renter	'e incurance		4a. \$ 4b. \$		0.00 0.00
	•	•		s insulance pkeep expenses		40. ֆ 4c. \$		0.00
		owner's associat				4d. \$		0.00
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	•	0.00

Official Form 106J

Schedule J: Your Expenses

page 1

	mes A Hawkins chele L Hawkins	Case num	ber (if known)	14-5609
6. Utilities:				
	ectricity, heat, natural gas	6a.	\$	400.00
	ater, sewer, garbage collection	6b.		130.00
	lephone, cell phone, Internet, satellite, and cable services	6c.		363.00
	her. Specify: propane	6d.	\$	100.00
	d housekeeping supplies	7.	\$	620.00
	e and children's education costs	8.	\$	0.00
	, laundry, and dry cleaning	9.	\$	100.00
-	care products and services	10.	\$	60.00
	and dental expenses	11.	\$	50.00
	rtation. Include gas, maintenance, bus or train fare.		· —	
	clude car payments.	12.	\$	195.00
	nment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
4. Charitab	le contributions and religious donations	14.	\$	0.00
5. Insuranc	e.			
	clude insurance deducted from your pay or included in lines 4 or 20.		_	
	e insurance	15a.		0.00
	alth insurance	15b.	·	0.00
	hicle insurance	15c.	·	0.00
	ner insurance. Specify: auto and life insurance	15d .	\$	267.00
Specify:	o not include taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
	ent or lease payments:	47-	ф.	450.00
	r payments for Vehicle 1	17a.		450.00
	r payments for Vehicle 2	17b.	·	0.00
	ner. Specify:	17c.		0.00
	ner. Specify:	17d.	*	0.00
	ments of alimony, maintenance, and support that you did not report a		\$	0.00
	d from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) yments you make to support others who do not live with you.		\$	0.00
Specify:	yments you make to support others who do not live with you.	19.	* ——	0.00
	al property expenses not included in lines 4 or 5 of this form or on Sci		ur Income.	
	rtgages on other property	20a.		0.00
20b. Re	al estate taxes	20b.	\$	0.00
20c. Pro	pperty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Ma	intenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Ho	meowner's association or condominium dues	20e.	\$	0.00
. Other: Sp	pecify:	21.	+\$	0.00
L. Calculate	e your monthly expenses			
	lines 4 through 21.		\$	3,569.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	line 22a and 22b. The result is your monthly expenses.		\$	3,569.00
ZZÇ. Add	inte 22a and 22b. The result is your monthly expenses.			3,309.00
. Calculate	your monthly net income.			
	py line 12 (your combined monthly income) from Schedule I.	23a.		3,569.73
23b. Co	py your monthly expenses from line 22c above.	23b.	-\$	3,569.00
	otract your monthly expenses from your monthly income.	23c.	\$	0.73
The	e result is your monthly net income.	<u>کیان,</u>	*	
For examp	xpect an increase or decrease in your expenses within the year after the do you expect to finish paying for your car toan within the year or do you expect you to the terms of your mortgage?	you file this our mortgage p	form? payment to incre	ease or decrease because of a
_ 140.	Explain here:			

page 2

Debtor 1 Debtor 2 (Spouse if, filing) United States Bankruptcy Court for the: Case number (if known) Middle Na Middl		
Debtor 2 (Spouse if, filing) United States Bankruptcy Court for the: Middle Na Middl	ame Last Name	
Debtor 2 (Spouse if, filing) Wichele L Hawkins First Name Middle Na United States Bankruptcy Court for the: MIDDLE DIS Case number 14-5609 (if known)	ame Last Name	
(Spouse if, filing) First Name Middle Na United States Bankruptcy Court for the: MIDDLE DIS Case number (If known)		
Case number 14-5609	STRICT OF PENNSYLVANIA	
(if known)		•
	-	
Official Form 106Dec		☐ Check if this is an amended filing
Declaration About an Indiv	ridual Debtor's Schedu	iles 12/15
ears, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571	. · · · ·	
Did you pay or agree to pay someone who is NO	OT an attorney to help you fill out bankruptcy	forms?
■ No		
Yes. Name of person		Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have reathat they are true and correct.	ad the summary and schedules filed with this	declaration and
	X /s/ Michele L Hawkii	ne
X /s/ James A Hawkins		<u></u>
X /s/ James A Hawkins James A Hawkins Signature of Debtor 1	Michele L Hawkins Signature of Debtor 2	

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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